

**TRANSMITTAL  
FORM**

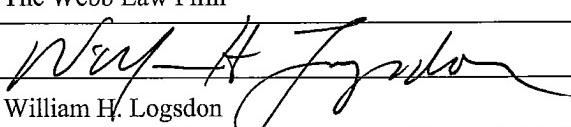
*(to be used for all correspondence after initial filing)*

		Application Number	10/576,276
		Filing Date	10/25/2004
		First Named Inventor	Gea Speelmans
		Art Unit	1611
Total Number of Pages in This Submission	4	Examiner Name	Kyle A. Purdy
		Attorney Docket Number	0470 - 061182

<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Claim Fees Previously Paid: Total Claims 22 Total Indpen. Claims 3 <input type="checkbox"/> Claim Fees Due (see Fee Transmittal Form)	

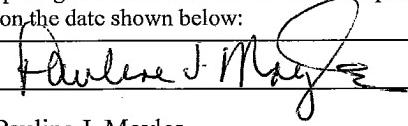
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	The Webb Law Firm		
Signature			
Printed Name	William H. Logsdon		
Date	December 16, 2010	Reg. No.	22,132

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Pauline J. Moyles	Date	December 16, 2010